

# INFORMATION ONLY



## 2018-2019 Hospital Preparedness Program (HCC)- Performance Tracking

### Demographics

Budget Period:	Budget Year:	Sub-awardee type:	Sub-awardee contacted:	Sub-awardee contact number:	Sub-awardee email contact:
SELECT	SELECT	SELECT	NAME	000-000-0000	EMAIL ADDRESS
Sub-awardee name:			PHEP Region:		
HEALTH DEPARTMENT/PHEP REGION/HCC NAME			SELECT		

### Scoring information and instructions:

Ratings are determined as follows: **0-** Non-Compliant, No Program or Process exists; **1-** Non-Compliant, Program or Process exists, but not attempted; **2-** Non-Compliant- Program or Process exists, but serious faults or gaps are present; **3-** Non-Compliant- Provisional, Program or Process exists with correctible gaps that hamper completion or was an oversight on the part of the Reviewed Partner; **4-** Compliant-Provisional, (also called a minor Finding ) minor gaps that do not hamper completion of the Task; **5-** Compliant, Department is in compliance with the work plan requirement. **NOTE- 0-3 will require a Major Finding note in the Overall Review, 4 will require a Minor Finding note.**

All work plan and AOE information will be added to the tracker as it is reported to KDHE Preparedness. All dates are either dates of completion or are reporting dates. All meetings will need to be recorded as the date of the meeting. Deliverables need to be recorded as the date received. In the case of activities that have due dates but are part of the quarterly reporting, the completion date and the submission date will need to be recorded. Attendee information can be added to the remarks sections where applicable. This document is adjustable. Enlargement of the various work plan blocks is encouraged.

### Disclaimer:

***This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.***

### Programmatic Progress Tracking

Source: quarterly work plan updates, work plan activity outputs

Item:	ADMIN	Output:	Multiple validation sources/types required	Reporting frequency:	Quarterly
Work plan activity:					Score:
The sub-awardee will submit quarterly updated work plans and quarterly affidavits of expenditures/ FSRs no later than the 15th of the month following the end of the quarter to KDHE Preparedness. (Administrative)					0 of 20
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/0000		
00/00/0000	0				
Approved:	of				
SELECT	5				
Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/0000		
00/00/0000	0				
Approved:	of				
SELECT	5				
Quarter 3 Date:	Score:	Notes:	Review Date: 00/00/0000		
00/00/0000	0				
Approved:	of				
SELECT	5				
Quarter 4 Date:	Score:	Notes:	Review Date: 00/00/0000		
00/00/0000	0				
Approved:	of				
SELECT	5				

# INFORMATION ONLY

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Item: <b>1</b>	Output: Attendee and/or date required for validation	Reporting frequency: Quarterly
<p>Work plan activity:</p> <p>The Healthcare Coalition will host a minimum of quarterly meetings of the regional healthcare coalition to continue development of essential partner/core memberships from the region’s healthcare organizations and response partners, share planning resources and best practices, share interagency and interdisciplinary training opportunities and share interagency and interdisciplinary exercise and evaluation opportunities.</p> <ol style="list-style-type: none"> <li>Meetings must be set up in KS-Train for required registration.</li> <li>Healthcare Coalition must make provisions for members to attend via conference call or webinar and document the participants of each meeting.</li> <li>Within 7 business days, following the date of the meeting, a draft of the meeting minutes <b>must</b> be provided to all members and KDHE.</li> <li>Retain a copy of all meeting minutes for five years.</li> <li>Record distribution of the meeting notes/minutes on the KDHE TA form.</li> <li>Healthcare Coalition must extend an invitation to each county emergency manager and local public health department within their HCC geographic region to participate in the HCC; shall provide a list of contacted agencies to KDHE preparedness along with the quarterly work plan.</li> <li>Healthcare Coalition will provide a comprehensive list of current coalition members to KDHE Preparedness Program by <b>September 30, 2018</b>.</li> <li>Healthcare Coalition will provide an updated list of coalition members to KDHE Preparedness Program by <b>June 1, 2019</b>.</li> <li>Healthcare coalition will verify core membership. Core members are defined as: Hospitals (Minimum of 2 acute care hospitals), EMS, Emergency Management organizations and Public Health agencies. (FOA pg. 15)</li> <li>HCCs must include healthcare associated infection (HAI) coordinators and quality improvement professionals at the health care facility and jurisdictional levels in their activities, including planning, training, and exercises/drills. (FOA pg. 54)</li> </ol>		<p>Score:</p> <p><b>0</b></p> <p>of 20</p>
Quarter 1 Date: 00/00/0000	Score: <b>0</b>	Date member list: 00/00/0000      Review Date: 00/00/0000      Review Date: 00/00/0000
Approved: SELECT	of 5	
Quarter 2 Date: 00/00/0000	Score: <b>0</b>	Notes:      Review Date: 00/00/0000
Approved: SELECT	of 5	
Quarter 3 Date: 00/00/0000	Score: <b>0</b>	Notes:      Review Date: 00/00/0000
Approved: SELECT	of 5	
Quarter 4 Date: 00/00/0000	Score: <b>0</b>	Date member list: 00/00/0000      Review Date: 00/00/0000      Review Date: 00/00/0000
Approved: SELECT	of 5	

Item: <b>2</b>	Output: Work plan activity validation	Due date: 12/31/2018	Reporting frequency: As contracted
Work plan activity:  By <b>December 31, 2018</b> each Healthcare Coalition will review their current <i>Governance Structure Document</i> and make any revisions and/or updates as identified. Submit to KDHE a copy of the revised document or a letter stating the date the document was reviewed and that “ <i>no changes</i> ” were made.			Score:  <b>0</b>  of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT  Activity status: SELECT
Remarks:			

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Item: <b>3</b>	Output: Work plan activity deliverable(s)	Due date: 3/30/2018	Reporting frequency: As contracted
Work plan activity: By <b>March 30, 2019</b> , each HCC will develop and submit a <i>HCC Response Plan</i> using the KDHE provided <i>HCC Response Plan Template</i> . ( <b>The template will be available on July 1, 2018</b> .)  <b>NOTE: only the provided template will be accepted for this activity and then only with minor deviations. All other formats will be rejected.</b>			Score: <b>0</b> of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Remarks:			

Item: <b>4</b>	Output: Additional supporting information requested	Due date: 12/31/2018	Reporting frequency: As contracted
	Output: Additional supporting information requested	Due date: 6/1/2019	Reporting frequency: As contracted
Work plan activity: The HCCs will utilize de-identified EMPOWER data and information from <i>Agency for Toxic Substance and Disease Registry Social Vulnerability Index</i> to inform their planning efforts. (FOA pg. 20)  By <b>December 31, 2018</b> , HCC representative(s) will download de-identified EMPOWER data and data from the <i>Agency for Toxic Substance and Disease Registry Social Vulnerability Index</i> on a semi-annual basis to ensure they have the most accurate data for planning purposes by. Screenshot a copy of the downloaded data and submit to KDHE either at the time it is downloaded, include in the meeting minutes or with the quarterly work plan.			Score: 0
By <b>June 1, 2019</b> , HCC representative(s) will download de-identified EMPOWER data and data from the <i>Agency for Toxic Substance and Disease Registry Social Vulnerability Index</i> on a semi-annual basis to ensure they have the most accurate data for planning purposes by. Screenshot a copy of the downloaded data and submit to KDHE either at the time it is downloaded, include in the meeting minutes or with the quarterly work plan.			Score: 0
			of 10
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Remarks:			

Item: <b>5</b>	Output: Work plan activity validation	Due date: 1/15/2019	Reporting frequency: As contracted
	Output: Work plan activity validation	Due date: 6/1/2019	Reporting frequency: As contracted
Work plan activity: By <b>January 15, 2019</b> the Healthcare Coordinator with input from the HCC Executive Team will update <u>forms 1-4 NLT and/or upload all required information</u> into the <i>Coalition Assessment Tool</i> (CAT). Upon completion of entry send an email to the <a href="mailto:kdhe.preparedness@ks.gov">kdhe.preparedness@ks.gov</a> email stating that the information is entered and ready for review.			Score: 0
By <b>June 1, 2019</b> the Healthcare Coordinator with input from the HCC Executive Team will update <u>forms 1-4 NLT and/or upload all required information</u> into the <i>Coalition Assessment Tool</i> (CAT). Upon completion of entry send an email to the <a href="mailto:kdhe.preparedness@ks.gov">kdhe.preparedness@ks.gov</a> email stating that the information is entered and ready for review.			Score: 0
			of 10
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Remarks:			

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Item:	6	Output: Work plan activity deliverable(s)	Due date: 5/31/2019	Reporting frequency: As contracted
Work plan activity:		Score:		
By <b>May 31, 2019</b> , the Healthcare Coalition will complete an <i>annual Hazard Vulnerability Analysis</i> (HVA) to identify and plan for risks. The process includes but is not limited to the following: ( <i>FOA pg. 19</i> )				
<p>The HVA process should be coordinated with state and local emergency management organization assessments, such as THIRA, regional hazard mitigation plan, and any public health hazard assessments, including a jurisdictional risk assessment. The intent is to ensure completion, share risk assessment results, and minimize duplication of effort.</p> <p>The assessment components should include regional characteristics, such as risks for natural or manmade disasters, geography, and critical health and medical sector infrastructure.</p> <p>The assessment components should address population characteristics, including demographics, and consider those individuals who might require additional help in an emergency including children, pregnant women, seniors, and individuals with access and functional needs, including people with disabilities and others with unique needs.</p> <p>The HCC should regularly review and share the HVA with all members; provide a copy to KDHE.</p>		<p>0</p> <p>of 5</p>		
Date of HCC HVA review: 00/00/0000	Date shared with the HCC membership: 00/00/0000	Submission to KDHE date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000
Approved by:  SELECT		Activity status:  SELECT		
Remarks:				

Item: <b>7</b>	Output: Work plan activity deliverable(s)	Due date: 5/31/2019	Reporting frequency: As contracted
Work plan activity:  By <b>May 31, 2019</b> , each HCC will complete a <i>Resource Assessment</i> using the information outlined below and provide a copy to KDHE. ( <i>see requirements pgs. 19-20 of the BP1 FOA</i> )			Score:
1 Identify health care resources and services at the <b>jurisdictional level</b> that could be coordinated and shared.  2 Identify health care resources and services at the <b>regional level</b> that could be coordinated and shared.  3 Identify any notated gaps in the HVA.  4 Each HCC must be capable of tracking this information.  5 Information must be shared with all members of the HCC by June 30, 2019.			<b>0</b>          of 5
Date of assessment: 00/00/0000	Date shared with the HCC membership: 00/00/0000	Submission to KDHE date: 00/00/0000	Date screened: 00/00/0000
Date approved: 00/00/0000			
Approved by: SELECT		Activity status: SELECT	
Remarks:			

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<b>Item:</b> 8	Output: Initial supporting documentation required		Reporting frequency: Quarterly
Work plan activity: The Healthcare Coalitions will participate in redundant communications drills to facilitate information sharing practices. (FOA pg. 37; HPP-PM pg. 27-31 )			Score:
1 Ensure that appropriate HCC organizations have ready access to forms of redundant communication.			0
2 Conduct quarterly drills with primary and backup communication systems.			
3 Drill information will be provided to KDHE Preparedness Program on the KDHE approved Drill Template <b>within 10 days</b> of completing the drill. A template <b>must</b> be completed for each HCC member.			
4 The training of multiple people at each agency must be completed and a record of the training dates and types of training maintained.			
			of 20
Quarter 1 Drill:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved:	of		
SELECT	5		
Quarter 2 Drill:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved:	of		
SELECT	5		
Quarter 3 Drill:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved:	of		
SELECT	5		
Quarter 4 Drill:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved:	of		
SELECT	5		

<b>Item:</b> 9	Output: Objective completion due date	Due date: 4/30/2019	Reporting frequency: As contracted
	Output: Work plan activity deliverable(s)	Due date: 5/30/2019	Reporting frequency: As contracted
Work plan activity: Healthcare Coalition must participate in an annual Healthcare Coalition Surge Test utilizing the ASPR developed <i>Coalition Surge Test Tool</i> . (FOA pg. 49-50; HPP-PM pg. 32-49 )			Score:
1 By <b>April 30, 2019</b> the Surge Test must be conducted.			0
2 By <b>May 30, 2019</b> all supporting documentation from the Coalition Surge Test must be submitted to the KDHE Exercise Coordinator and KDHE Preparedness; KDHE.preparedness@ks.gov			
3 All HCC members who conduct exercises will include evacuation, transportation and relocation concerns/discussions within their exercises. The effectiveness of the evacuation, transportation and relocation plans will be documented in Coalition Surge Test Documentation.			
4 The HCC must engage its members' health care executives and other members' executives in debriefs ("hot washes") related to exercises, planned events, and real incidents. Documentation of their engagement/participation will be			
			of 5
Test completion date:	Remarks:		
00/00/0000			
Submission date to KDHE:			
00/00/0000			
Debriefing date:			
00/00/0000			
Date screened:			
00/00/0000			
Date approved:	Approved by:	Activity status:	
00/00/0000	SELECT	SELECT	

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Item: <b>10</b>	Output: Work plan activity validation		Reporting frequency: Annually	
Work plan activity:				Score:
Hospital members of the HCC will participate in periodic HAvBED drills initiated by KDHE Preparedness. (FOA pg. 50-51)				<b>0</b> of 10
Date completed: 00/00/0000	Submission date: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Date completed: 00/00/0000	Submission date: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

Item: <b>11</b>	Output: Attendee and/or date required for validation		Reporting frequency: Annually	
Work plan activity:				Score:
On <b>Date TBA</b> the Healthcare Coalition Coordinator must attend the annual Training and Exercise Planning Workshop to update the KDHE Multi-year Training and Exercise Plan (MYTEP).				<b>0</b> of 5
Attendance date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

Item: <b>12</b>	Output: Work plan activity deliverable(s)		Reporting frequency: As contracted	
Work plan activity:				Score:
Upon request, the Healthcare Coalition Coordinator will assist the KDHE Preparedness Program Training Coordinator in scheduling all trainings that KDHE will be providing for the Coalition members.				<b>0</b> of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Provided? SELECT	Activity status: SELECT
Remarks:				

Item: <b>13</b>	Output: Work plan activity deliverable(s)		Reporting frequency: As contracted	
Work plan activity:				Score:
Healthcare Coalition will assist members with NIMS implementation: (FOA pg. 28-29)				<b>0</b> of 5
1 Ensure that all Healthcare Coalition Leadership receives the appropriate NIMS Training (Records available upon request)				
2 Make available to all Healthcare Coalition Members the opportunity to receive NIMS Training and participate in exercises to practice this training.				
3 Make available to all Healthcare Coalition Members the opportunity to receive assistance incorporating NIMS into their emergency operations plans.				
4 When Technical Assistance is provided ensure that the name of the person and the agency are noted on the Technical Assistance Form.				
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Provided? SELECT	Activity status: SELECT
Remarks:				

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Item:	14	Output:	Reporting frequency:
Initial supporting documentation required			Quarterly
Work plan activity: Healthcare Coalition Members will provide to KDHE Preparedness, all information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the 2017-2022 Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement. Identified information will be requested as needed. (FOA pg. 68-71; HPP Performance Measures Implementation Guide)			Score:  <b>0</b>  of 20
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	<b>0</b>		
Approved: SELECT	of 5		
Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	<b>0</b>		
Approved: SELECT	of 5		
Quarter 3 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	<b>0</b>		
Approved: SELECT	of 5		
Quarter 4 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	<b>0</b>		
Approved: SELECT	of 5		

Programmatic overall comments:

## Programmatic Scoring

Total points available:	Total points received:	Percentage complete:	Date of Screenings		Date of overall comments:
150	0	0%	Q1: 00/00/0000	Q3: 00/00/0000	00/00/0000
			Q2: 00/00/0000	Q4: 00/00/0000	
Programmatic validation by:					Date of validation:
					00/00/0000
<div> <div></div> <div>Edward O. Bell, Preparedness Grant Compliance Coordinator, KDHE</div> </div>					

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## Fiscal Accountability and Reporting Tracking

<b>Quarter 1</b>		Remarks:	
Date received:	00/00/0000		
Date approved:	00/00/0000		
Date to Budget:	00/00/0000		
Date of payment:	00/00/0000		
Payout acknowledged:	00/00/0000		
Findings:	SELECT		
Reviewed by:		Approved by:	Score: 0 of 5

<b>Quarter 2</b>		Remarks:	
Date received:	00/00/0000		
Date approved:	00/00/0000		
Date to Budget:	00/00/0000		
Date of payment:	00/00/0000		
Payout acknowledged:	00/00/0000		
Findings:	SELECT		
Reviewed by:	Approved by:		Score: 0 of 5

<b>Quarter 3</b>		Remarks:	
Date received:	00/00/0000		
Date approved:	00/00/0000		
Date to Budget:	00/00/0000		
Date of payment:	00/00/0000		
Payout acknowledged:	00/00/0000		
Findings:	SELECT		
Reviewed by:		Approved by:	Score: 0 of 5

<b>Quarter 4</b>		Remarks:	
Date received:	00/00/0000		
Date approved:	00/00/0000		
Date to Budget:	00/00/0000		
Date of payment:	00/00/0000		
Payout acknowledged:	00/00/0000		
Findings:	SELECT		
Reviewed by:		Approved by:	Score: 0 of 5

**Fiscal overall comments:**

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## Fiscal Accountability Scoring

Total points available:	Total points received:	Percentage complete:	Date of Screenings		Date of overall comments:
<b>20</b>	<b>0</b>	<b>0%</b>	Q1: <b>00/00/0000</b>	Q3: <b>00/00/0000</b>	<b>00/00/0000</b>
Q2: <b>00/00/0000</b> Q4: <b>00/00/0000</b>					
Fiscal accountability validation by:					Date of validation:
					<b>00/00/0000</b>
<hr/> <i>Joanna Lassley, Grant Management Coordinator, KDHE</i>					

## Scorecard Scoring

2018-2019 Totals	Programmatic available:	Programmatic total:	Programmatic percentage:	Fiscal available:	Fiscal total:	Fiscal percentage
	150	0	0%	20	0	0%
	Total available score: 170		Total score received: 0		Total percentage completed: 0%	

Overall comments:

**Scorecard Validation**

***KDHE Preparedness Compliance Coordinator***

Date of final validation: Programmatic audit completed by:

00/00/0000

Edward O. Bell

Overall Compliance rating:

SELECT

Signature

***KDHE Preparedness Grants Management Coordinator***

Date of final validation: Fiscal performance audit completed by:

00/00/0000

Joanna Lassley

Concurrence:

SELECT

Signature

***KDHE Preparedness Program Director***

Date of final validation: Program validation by:

00/00/0000

Denise L. Kelly

Concurrence:

SELECT

Signature

***KDHE Bureau of Community Health Systems Director***

Date of final validation: Bureau validation by:

00/00/0000

Concur:

Non-concur:

Signature

**Appeals Process**

Date review returned to sub-awardee:

00/00/0000

Date of technical assistance:

00/00/0000

Date Appeal request received by KDHE:

00/00/0000

The reviewed Agency has **30 business days** from receipt of the audit scorecard to submit, in writing, an Appeal to the Non-Compliance Findings. Submissions for an Appeal need to be remitted back to KDHE Preparedness, Attn: Grants Compliance Coordinator, at [kdhe.preparedness@ks.gov](mailto:kdhe.preparedness@ks.gov) no later than:

00/00/0000

***KDHE Preparedness will take up to 45 days to review and research the work plan updates. Any findings will be addressed on the CRT Quarterly Audit form (C-151)***

Please state the reason for this Appeal and please provide any supporting documentation with this non-compliance Appeal request:

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Date of audit appeal review by KDHE: <b>00/00/0000</b>	Date of KDHE response to appeal request: <b>00/00/0000</b>	Appeal status: SELECT	Compliance status: SELECT	Compliance Rating: SELECT
Appeal notes:				

## Appeals Validation

### KDHE Preparedness Compliance Coordinator

Date of final validation:	Programmatic audit completed by:		
00/00/0000	Edward O. Bell, PCC		
Overall Compliance rating:	SELECT	_____	Signature

### KDHE Preparedness Grants Management Coordinator

Date of final validation:	Fiscal performance audit completed by:		
00/00/0000	Joanna Lassley		
Concurrence:	SELECT	_____	Signature

### KDHE Preparedness Program Director

Date of final validation:	Program validation by:		
00/00/0000	Denise L. Kelly		
Concurrence:	SELECT	_____	Signature

### Document retention statement:

Please retain this scorecard as part of the confirmation documentation that will be used to provide validation of the completion of this budget period's contracted work plan activities. This document, like all others generated as either compliance documents or as an outcome, will need to be retained by the sub-awardee for a period no less than five years, per the language of the contracted work plan.

### Disclaimer statement:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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